



Time Start _____

Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT
☐ **GENERATOR** ☒ **S Q GENERATOR**

Company name Direct Paint & Collision, Inc.

EPA I.D. Number PAD981937659 Employer I.D. Number (EIN) _____

Site Address 1000 North Eagle Road-Havertown, PA 19083

County Delaware County Municipality Haverford Township Zip 19083

Name of Inspector Jason Oseredzuk

Name & Title of Responsible Official Mr. Michael Mardinly, Sr.-President

Person Interviewed SAA Telephone (610) 449-9162

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: Not Determined Pounds _____ Kgs _____

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____

PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____

GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
Not Determined		

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Direct Paint & Collision, Inc. ID Number PAD981937659 Date 11/28/2007

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
		X		Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
	X			Authorized transporters only	262a.10	262.12(c)	H003
	X			Subsequent notification requirements met	262a.12(b)		H004
	X			Proper manifest used	262a.10	262.21	H005
	X			Manifests filled out correctly and completely	262a.20		H006
	X			Manifests signed and routed properly	262a.23(a)	262.23	H007
X				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
	X			Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
	X			Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
	X			PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Direct Paint & Collision, Inc. ID Number PAD981937659 Date 11/28/2007

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
		X		Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
		X		Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
		X		Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
		X		Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report CommentsDate of Inspection 11/28/2007 Identification Number PAD981937659Company/Facility/Site Name DIRECT PAINT & COLLISION, INC.

On November 28, 2007, I (Jason Oseredzuk) conducted a routine Small Quantity Generator of Hazardous Waste inspection of Direct Paint & Collision, Inc. located at 1000 North Eagle Road in Havertown, Delaware County. Mr. Michael Mardinly, Sr., President, was present for the facility. The facility is an auto-body repair and automotive paint business.

The painting operation was observed. This operation results in the generation of at least two solid waste streams including waste paint filters from the paint booth(s) and still bottoms from a distillation unit used to reclaim equipment cleaning solvent. The facility has failed to perform a hazardous waste determination on these two waste streams, **contrary to 40 CFR 262.11**. It is recommended that the facility review the guidance offered in 40 CFR 262.11 to determine what action is necessary to comply with the requirement. The results of the determination can then be used to determine the appropriate management of the waste streams in question. Mr. Mardinly, Sr. indicated that he was not aware that either the still bottoms or the paint filters could potentially be hazardous waste and was therefore disposing of them as municipal waste. He indicated that the paint filters are rarely replaced and that approximately two still bottoms are generated and disposed of on a monthly basis.

The facility is currently listed as a small quantity generator of hazardous waste. It appears, however, that even if assuming that the abovementioned waste streams are determined to be hazardous, the facility does not generate between 220 and 2200 pounds of these wastes on average per calendar month. This may suggest that the facility is in actuality a conditionally exempt small quantity generator of hazardous waste. It is recommended that following the hazardous waste determinations for the abovementioned waste streams, the facility calculate the quantity of hazardous waste generated through their operations and notify of a status change if required. The necessary forms and instructions for subsequent notification of regulated waste activity can be found on the Department's website on the hazardous waste generators page. A copy of the EPA's RCRA Subtitle C Site Identification Form (EPA Form 8700-12) was provided to the facility.

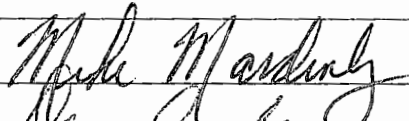
Within fourteen (14) days of the receipt of this report, Direct Paint & Collision, Inc. should submit to the Department a written report addressing the cause and correction of the violation noted above and a plan detailing how the facility plans to prevent any recurrence.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

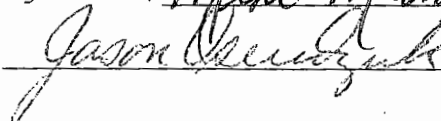
This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)

Date 11/30/07

Inspector (signature)

Date 11/30/2007Page 4 of 4

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number		PAD981937659			EIN		
Handler Name		DIRECT PAINT & COLLISION, INC.					
Street	1000 NORTH EAGLE ROAD						
City	HAVERTOWN	State	PA	Zip Code	19083		
Actual Generator Status <i>Check only if different from Notified Status.</i>		LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>					
Universe Change Required? <i>(Generator Status Change Required)</i>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).					
RCRA Non-Notifier?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).					
Other Facility Information Changes?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).					
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete			<i>You must provide an Evaluation Identifier (also known as the Sequence Number).</i>		
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization		
	CEI	11/28/2007	S	JMO	WM		
Day Zero (mm/dd/yyyy): <i>You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.</i>			11/28/07		Reclassified SV Date: <i>Only applicable for SNY evaluation type as appropriate.</i>		
Notes:		VIOLATION NOTED					

Evaluation Indicator Field (Check all that apply)			
<input type="checkbox"/> Citizen Complaint	<input type="checkbox"/> Multimedia Inspection	<input type="checkbox"/> Sampling	<input type="checkbox"/> Not Subtitle C

Focused Coverage Areas (Use Only for Evaluation Type FCI)							
Regulation-Specific FCI							
BIF <input type="checkbox"/>	CCI <input type="checkbox"/>	CFI <input type="checkbox"/>	INC <input type="checkbox"/>	LDR <input type="checkbox"/>	PTB <input type="checkbox"/>	PTX <input type="checkbox"/>	
THI <input type="checkbox"/>	UIC <input type="checkbox"/>	UOI <input type="checkbox"/>	UWR <input type="checkbox"/>	OTHER (specify): _____			
Routine/Standardized FCI							
CAR <input type="checkbox"/>	CPC <input type="checkbox"/>	DOS <input type="checkbox"/>	EMR <input type="checkbox"/>	IEI <input type="checkbox"/>	ISI <input type="checkbox"/>	RTI <input type="checkbox"/>	

Does this Evaluation Add/Update/Delete a Violation?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<i>If Yes, fill in the Violations Section(s) on page 2 of this form.</i>
Does this Evaluation link to a Commitment?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<i>If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.</i>
Does this Evaluation link to a 3007 Request?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<i>If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.</i>
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>If Yes, fill in information below.</i>

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

*Required Fields

EPA ID Number			Handler Name		
PAD981937659			DIRECT PAINT & COLLISION, INC.		
VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)					
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input checked="" type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262 A	S	11/28/2007	<small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type		Citation		Citation Type Citation	
FR		262.11			
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
				<small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	
Notes:					
LINK CITATIONS TO ABOVE VIOLATION?			YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type		Citation		Citation Type Citation	
HANDLER SECTION (Fill out if RCRA Non-Notifier)					
Handler Name		Contact			
Street					
City	State	Zip Code			
County					
UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)					
i. Indicate the Facility's current Universe(s):					
ii. Indicate the new RCRAInfo Generator Universe: <small>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</small>			LQG <input type="checkbox"/>	SGQ <input type="checkbox"/>	CEG <input type="checkbox"/>
			Non-Handler <input type="checkbox"/>	Closed <input type="checkbox"/>	
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)		Transporter <input type="checkbox"/> <small>If the transporter box is checked, you must check at least one mode of transportation below:</small> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway		Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.	

*Required Fields